

9763

MARGIN RESERVED FOR BINDING

N. B. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STANDARD CERTIFICATE OF DEATH		Arizona State Board of Health BUREAU OF VITAL STATISTICS		210	
1. PLACE OF DEATH		County <u>Maricopa</u>		State <u>ARIZONA</u>	
Township <u>Phoenix</u>		City <u>Phoenix</u>		No. <u>St Joseph Hospital</u>	
Length of residence in city or town where death occurred		yrs. <u> </u> mos. <u> </u> ds.		How long in U. S. if of foreign birth? yrs. <u> </u> mos. <u> </u> ds.	
2. FULL NAME <u>Laurence Edward Adams</u>		How long in State when death occurred? yrs. <u> </u> mos. <u> </u> ds.		(a) Residence: No. <u>1519 Willow</u>	
(Usual place of abode)		St. <u> </u> Ward. <u> </u>		(If non-resident give city or town and state)	
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write this last) <u>Married</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Goldie</u>					
6. DATE OF BIRTH (month, day, and year) <u>Sept. - 1901</u>					
7. AGE	Years <u>37</u>	Months <u> </u>	Days <u> </u>	If LESS than 1 day, <u> </u> hrs. or <u> </u> min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Truck driver</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Alabam Co</u>				
	10. Date deceased last worked at this occupation (month and year) <u> </u>				
MOTHER	11. Total time (years) spent in this occupation <u> </u>				
	12. BIRTHPLACE (city or town) (State or Country) <u>Penn.</u>				
	13. NAME <u>Charlie Adams</u>				
FATHER	14. BIRTHPLACE (city or town) (State or Country) <u>Unknown</u>				
	15. MAIDEN NAME <u>Unknown</u>				
	16. BIRTHPLACE (city or town) (State or Country) <u> </u>				
17. INFORMANT <u>Mrs Goldie Adams</u>					
(Address) <u>1519 Willow</u>					
18. BURIAL, CREMATION, OR REMOVAL <u>Buried</u>					
Place <u>Greenwood</u> Date <u>9-26-38</u>					
19. EMBALMER <u> </u>					
FUNERAL DIRECTOR <u>A. H. McCall</u>					
Address <u>Phoenix Arizona</u>					
20. Filed <u>9-26-38</u> 19 <u>38</u> <u>James L. Johnson</u> Registrar					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Sept 22, 1938</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>Sept 5, 1938</u> to <u>Sept 22, 1938</u>					
I last saw him alive on <u>Sept 28, 1938</u> ; death is said to have occurred on the date stated above, at <u>8 4</u> a. m.					
The principal cause of death and related causes of importance were as follows:					
<u>Acute degenerative calcitis</u>					
Other contributory causes of importance:					
<u>Septic Redness</u>					
<u>Phlebotomy of arm</u>					
<u>Phlebotomy of arm</u>					
Name of operation <u> </u> Date of <u> </u>					
What test confirmed diagnosis? <u> </u> Was there an autopsy? <u>Y</u>					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? <u> </u> Date of injury <u> </u> , 19 <u> </u>					
Where did injury occur? <u> </u>					
(Specify city or town, county and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury <u> </u>					
Nature of injury <u> </u>					
24. Was disease or injury in any way related to occupation of deceased?					
If so, specify <u> </u>					
(Signed) <u> </u> M. D.					
(Address) <u> </u>					